Letter to the Editor: Uncertain Role of High Dose Chemotherapy With Autologous Stem Cell Support in Pediatric Pleuro-Pulmonary Blastoma (PPB)

It is worth mentioning that in their otherwise comprehensive review on pleuro-pulmonary blastoma (PPB), Schmaltz et al. [1] made an incorrect and misleading statement. Arguing that "so far no attempt of high dose chemotherapy with subsequent bone marrow or blood stem cell transplantation has been published" compels us to draw attention on experience with high dose chemotherapy [2] published more than a decade ago. We may reiterate that we clearly stated these facts in our previous letter to the editor [3] in your journal. Thus, we do believe that the authors' prestigious claim of being first to perform high dose chemotherapy, should not be accepted without challenge.

Our case report [1] concerned a 13-year-old boy who presented with a skull tumor and multiple pulmonary tumors. He was given three cycles of multidrug chemotherapy according to Rosen's T-11 protocol. The skull tumor disappeared after the first cycle of chemotherapy, but the lung masses remained unchanged. The diagnosis of PPB was made on surgically removed specimen from the lung. Uneventful course of Melfalan 140 mg/m^2 was then given followed by marrow-derived autologous stem cell support. Local recurrence occurred in the skull and widespread metastases developed later on. The boy succumbed eventually of progressive disease. We concluded that the varying biological behavior of this rare tumor makes the role of combined and high dose chemotherapy quite uncertain.

We were also surprised by the figures presented by Schmaltz et al. [1] in their update. Their statement of "not more than 40 cases of true pediatric PPB in the literature published" is unfortunately also incorrect. In 1984, we already quoted 32 children out of about 100 PPB cases. Accumulating simply the cases from the publications cited by the authors themselves [2,3,4,5,7,9,16,17] in Schmaltz et al. [1] and the cases of papers they were not aware of [4,5], one will easily find at least a dozen more pediatric patients.

Effective treatment is still a matter of controversy. Surgery, radiation and conventional vs. high dose chemotherapy have all been utilized for locally recurrent and metastatic PPB. In our paper [2], we retrospectively analyzed the treatment modalities and outcome in 33 children. Only 9 children were well and alive. Particular morphological studies of the tumor appearance [6], which may have some prognostic implications, were unfortunately not outlined by Schmaltz et al. [1]. Tumors rich in epithelial tubular structures seem to be very similar to a hamartoma in appearance and may have good prognosis. Other tumors are highly malignant leading to death within a year. One can only speculate whether treatment "effectiveness" depends more on the biological behavior of the tumor rather than on appropriate chemotherapy.

In order to provide valuable insight to therapy of PPB, there is an important contribution by Dr. Lobo-Sanahuja et al. [7]. They are claiming effective combined chemo- and surgical therapy in a 15-year-old girl with PPB. High dose chemotherapy remains still promising but merely restricted to patients achieving complete response. Its hypothetical benefit might be answered by international collaborative study.

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Received December 18, 1995; accepted January 24, 1996.

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